Consent for the Release of Personal Information

Name: _____

Date of birth: _____

I hereby authorize the Parole Board of Canada (PBC) to disclose the criminal record for which a record suspension was ordered or a pardon was issued/granted under the *Criminal Records Act* and any other information relating to the record suspension or pardon that will assist the PBC in assessing the merits of my request for relief from a driving prohibition pursuant to the provisions of section 109 of the *Corrections and Conditional Release Act* (CCRA).

By signing this form, I understand and agree that copies of my pardoned or suspended criminal record may be forwarded on a confidential basis to the appropriate justice system participants and organizations, as defined by the *Criminal Code* of Canada, including the provincial motor vehicle licensing authority, to conduct an investigation into the merits of my application under the CCRA.

_____ _____

SIGNATURE DATE

Please mail or fax your completed consent form to:

Parole Board of Canada
Clemency and Record Suspension Division
410 Laurier Avenue West, 5th floor
Ottawa, Ontario K1A 0R1
Fax: 613-941-4981

RPM File number: _____
(For internal use only)